

Conflict of Interest

ELECTED OFFICIAL

Statement of Financial Interest

RECEIVED
JAN 0 8 2019
S.D. SEC. OF STATE

Deadline to file: Not more than 15 days after the person assumes office.

File with: The SECRETARY OF STATE (State Capitol, 2nd floor).

<u>Elected Officials who file:</u> State Office elected officials (governor, lieutenant governor, state treasurer, attorney general, secretary of state, state auditor, public utilities commissioner, commissioner of school and public lands, state legislator, circuit court judge and supreme court justice <u>SDCL 3-1A-2</u>);

Gubernatorial Appointee for whom senate confirmation is required shall file with the secretary of state a statement of financial interest before confirmation <u>SDCL 3-1A-3</u>.

Local Office officials (county commissioner, school board member in a school district with a total enrollment of more than 2,000 students, or commissioner, council member, or mayor in any 1st class municipality <u>SDCL 3-1A-4</u>)

Please print:			0	- 0			
Full Name	FFREY	D	PAI	2TR1	DUE		
Complete Address	74 PR	EST W. CK		RD.	RAPID	City 5	0 577
Office (list District number ij	f applicable)	STATE	26	NATE	DIST	TICT 34	,
What is your occupation/prof	fession?	inarciai		DUITO			
**If there are no changes fr	om your previously	filed CANDID	ATE Fin	ancial Inte	rest Statemer	it check the bo	x and
sign and date below.] NO Changes						
List any source of funds (bus							
to your family's (includes spe	ouse, minor children	living at home)	gross inc	ome in the p	oreceding cale	ndar year. This	also
includes any enterprise in wh						f the capital or	stock.
Identify who receives the ince				ie value. (\underline{S}	DCL 3-1A-1)		
*The intent of this form is to	collect specific infor	mation, not gene	eralities.				
Name of Candidate or Family Member	Name the Source of Funds			Relationship to funds (Examples officer director associate partner			
	(Ex: current employer, SD Legislature, 401K, benefits, etc.)			(Ex: employee, officer, director, associate, partner, shareholder, owner, member, proprietor, etc.)			
	ben	crits, etc.)		SHALOHOA	<u> </u>	,	
				Filed th	is_ GU	2	
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				SECO	Har	ett	
				OLUKE	TARY OF STATE		
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declare and affirm under the	penalties of perjury	that the informat	tion above	e has been e	xamined by n	ne and to the be	st of
ny knowledge and belief is a	true, correct and con	nplete representa	ition of m	yself and m	y immediate f	amily's financia	al
interests for the preceding oat	endar year.				/10		
18/18	and			1/8	///		
(Signature)	700		(Date)				
1/0	COTA SECRETARY OF STATE	• ATTENTION ELEC	TIONS • 500	E. Capitol Av	ve. • Pierre, SD 5	7501	
	OS.gov • phone 605 773					Last updated 1.	2/20/2017
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